LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

HOSPITAL/CLINIC INSPECTION REPORT

LH	S-50				
Name	e of Facility	Address	11	City, State, Zipcode	Phone
Owne	er/Administrator	Address		City, State, Zipcode	Phone
				Only) Grand, Esposad	Frione
Numi	per of Beds	License Expires	7	Date of Inspection	L
	Items below			riolation of the State Sanitar	y Code.
		Your immediate	attent	tion is requested.	
1.	Building: Repair, Pest/Dust Contro	l; Equipment Maint.		CC	OMMENTS
2.	Doors, Stairways, and Elevators				
3.	Ventilation, Air Conditioning and He	ating			
4.	Lighting and Wiring				
5.	Tollet Facilities				
6.	Housekeeping				
7.	Storage				
8.	Water Supply, Regular and Emerge	ency			
9.	Food Service (Attach Form LHS-1	3)			
10.	Laundry Room, Laundry Movement	and Storage			
11.	Plumbing, Sewage Disposal	AND THE LINE			
12.	Garbage and Trash				
13.	Infectious Waste Disposal (Method)			
14.	Patient Bathing Facilities				
15.	Patient Supplies and Equipment				
16.	Nursing Stations				
17.	Ice Handling and Storage				
18.	Laboratory, Cleaning and Disinfect	on			
19.	Sterilizers				
20.	Blood Bank				
21.	Radiation Control				
22.	Operating Rooms, Delivery Rooms				
23.	Recovery Rooms, ICU				
24.	Staff Facilities				
25.	Nursery Rooms				
26.	Milk and Formula Preparation and S	Storage			
27.	Respiratory/Physical Therapy Room	ns			
28.	Morgue				
29.	Space and Bed Standards				
30.	Miscellaneous				

Copy Received By	Sanitarian:	
JODY PRCHIVED DV	Santarian	_